

Name: _____

Campus: _____

Sherman ISD Technology Competencies Assessment

Proficiency	Training & Date Attach certificates verifying attendance	or	Demonstrated & Date Attach demonstration documents where appropriate
1. Legal Issues/Acceptable Use Policy			
2. Ability to use standard operating system Use Windows Explorer Feature			
3. Ability to use a word processing program Name of Program:			
4. Ability to use a desktop publishing program Name of Program:			
5. Ability to use CD ROM's			
6. Create a multimedia presentation (when applicable)			
7. Use the media retrieval system (when applicable)			
8. Use the Internet Use Search Engines			
9. Send and retrieve e-mail			
10. Perform minor troubleshooting			
11. Curriculum Integration (when applicable)			
12. Use of classroom/administrative phone system			

Employee Signature & Date

Campus Technology Specialist Signature & Date

Supervisor/Administrator Signature & Date

District Technology Training Coordinator & Date